



COVID-19 HEALTH SCREENING

PARENT/LEGAL GUARDIAN AFFIRMATION

I, _____, as the parent or legal guardian of
_____ hereby affirm that that my child is not currently
experiencing nor has, in the past 48 hours, experienced a COVID-19 symptom(s):

- Fever (temperature of 100.4 degrees F or higher)
- Cough
- Shortness of Breath or Difficulty Breathing
- Sore Throat
- Chills
- Muscle Pain
- Loss of Taste or Smell

I understand that if while in today's program my child experiences any of these symptoms, City Staff will isolate my child and contact me for pick-up within one (1) hour. I further understand that my child may not return to a City facility or participate in a City program until they are symptom and fever free for at least 72 hours.

Parent/Legal Guardian

Date